



QUALITY CONTROL REVIEW SHEET

Job Number: 103DX90170003.0001.0001.O	Contract Name: EP-W-05-054 START III Region 4
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Document Title: HRS Documentation Record, RV 2	No of Pages:	Level Q 1 <input type="checkbox"/>	Preliminary Draft <input type="checkbox"/>
Project Name/Client: Smokey Mountain Smelters		Level Q 2 <input type="checkbox"/>	Draft <input type="checkbox"/>
		Level Q 3 <input type="checkbox"/>	Draft Final <input type="checkbox"/>
		Level Q 4-6 (Special Review) <input type="checkbox"/>	Final <input type="checkbox"/>
Initiated By: S. Harrigan	Product Author: S. Harrigan	Date Initiated: 01/27/2010	Date Due to Client: 01/29/2010
Specialized Reviews:			
QCC: Andy Johnson	Estimated Hours: 2.5	Due Date:	Regulatory Review <input type="checkbox"/> Other: <input type="checkbox"/>
Engineering Review <input type="checkbox"/>			
(Attach Separate QC Review Sheets to Document These Reviews)			

Editorial Reviewer: NA	Est. Hours:	Date Due:	Review Date:	Signature:
Report Item	No Changes	See Text For Changes	Please Call to Discuss	Comments
Overall Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clarity, Consistency, Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reference List/Citations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tables/Figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
QCC Confirmation of Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Technical Reviewer: Shanna Davis	Est. Hours:	Date Due:	Review Date:	Signature: Shanna Davis
Report Item	No Changes	See Text For Changes	Please Call to Discuss	Comments
Intended Scope Stated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Technical Adequacy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Calculations Checked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tables/Figures Support Text	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Conclusions Justified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
QCC Confirmation of Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Word Processor:	Est. Hours:	Date Due:	Review Date:	Signature:	
Report Item	YES	NO	N/A	Initials	Comments
Editorial Review Comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Technical Review Comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
QCC Review Comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Production Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Distribute Copies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

QCC Notes:
Comments in texts. QCC to go over question w/ author. TR comments addressed.

QCC Final Confirmation Signature:

Date:

1/28/2010

